

# **SNAP**

## **Special Needs Alert Program**

### **Enrollment Form**

**Date of application:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Child's name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**School:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Child's primary diagnosis:** \_\_\_\_\_

**Parent or guardian filling out application:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **email** \_\_\_\_\_

\_\_\_\_\_

**To begin the enrollment process, mail the SNAP Enrollment Form and your signed Consent Form to:**

SNAP Coordinator  
Office of EMS, Blue Hen Corporate Center, Suite 4-H  
655 South Bay Road  
Dover, DE 19901

You will be contacted once your forms are received in our office.

Please feel free to call or e-mail if you need further information.

Voice: (302) 744-5415 Fax: (302) 744-5429



**DELAWARE HEALTH AND SOCIAL SERVICES**  
Division of Public Health  
Office of Emergency Medical Services



Creating solutions, changing lives.

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